

GENERAL SERVICES DIVISION

CONFINED SPACE ENTRY PERMIT

THIS PERMIT IS TO BE KEPT AT THE JOB SITE
UNTIL THE JOB IS COMPLETED

COPY to Entry Supervisor

COPY at Job Site (To be Returned to Safety Support Following Job Completion)

DURATION: This permit is valid only for the following time frame:

ISSUE DATE: _____ TIME: _____
EXPIRES ON - DATE: _____ TIME: _____

SITE LOCATION: _____
(Building Name/Number, Street Address, Room Number, etc.)

PURPOSE OF ENTRY: _____
(Equipment to be Worked On and Type of Work)

1. **INITIAL ATMOSPHERIC CHECK:** Instrument Used - BW GasAlertMax

CO _____ ppm H₂S _____ ppm Other _____
O₂ _____ % LFL _____ %

Acceptable Levels for Entry:

19.5% < O₂ < 23.5% CO < 50 ppm

LFL < 10 % H₂S < 10 ppm

Tester's Signature _____ Date/Time _____

2. **HAZARD ISOLATION**, i.e., Lines Blinded, Disconnected or Blocked. The following measures are to be used to eliminate/control hazards in the confined space:

HAZARD CONTROL COMPLETE

3. **VENTILATION:**

Mechanical Yes _____ Purge Time _____ N/A _____
Natural Yes _____ N/A _____

4. ATMOSPHERIC CHECK AFTER ISOLATION & VENTILATION:

CO _____ ppm H₂S _____ ppm Instrument Used - BW GasAlertMax
O₂ _____ % LFL _____ % Other _____

Tester's Signature _____ Date/Time _____

5. COMMUNICATION PROCEDURES:

____ VOICE ____ TWO-WAY RADIO
OTHER: _____

6. RESCUE PROCEDURES:

☐ Two-Way Radio to EMFS Computer Control Room Checked
☐ Telephone Available to Call Rescue Services and Checked
 Located at _____ PHONE: _____
 (Within 25 feet of PRCS)
☐ Rescue Service Coordinated and On Stand-By
 UNIT: _____ PHONE: _____
 Address: _____
☐ Use Non-Entry Rescue Retrieval

OTHER:

7. TRAINING:

TRAINED ON

ATTENDANT: _____ **PRCS** _____ **SFA** _____
(Name) (Date; within Last Year) (Date; within Last Year)

ATTENDANT: _____ PRCS _____ SFA _____

AUTHORIZED

ENTRANTS: _____ **PRCS** _____ **SFA** _____
(Name) (Date; within Last Year) (Date; within Last Year)

_____ PRCS _____ SFA _____

_____ PRCS _____ SFA _____

_____ PRCS _____ SFA _____

	PRCS	SFA
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RESCUE: _____ **PRCS** _____ **SFA** _____

	PRCS	SFA
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8. **OTHER HAZARDS:** The following measures are to be used to eliminate/control hazards during the confined space entry.

HAZARD	CONTROL	COMPLETE
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
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90	1	1
91	1	1
92	1	1
93	1	1
94	1	1
95	1	1
96	1	1
97	1	1
98	1	1
99	1	1
100	1	1

9. **EQUIPMENT:** Enter "N/A" for items that do not apply. COMPLETE

Direct Reading Gas Monitor - Tested _____

Fall Arrest/Restraint, Each Entrant - Inspected _____

 Full Body Harness w/ Back D-Ring _____

 Lifeline & Connectors _____

Rescue Retrieval System - Inspected _____

 Tripod _____

 Personnel and/or Equipment Winch (Raise, Lower, Brake, Line) _____

Communications - Fresh Batteries & Tested _____

 For Summoning Rescue _____

 For Talking Between Entrants & Attendant _____

PPE - Inspected

 Hard Hat _____

 Hearing Protection (Plugs or Muffs) _____

 Eye Protection _____

 Safety Glasses Face Shield

 Chemical Goggles Welders

Respirator _____

 1/2 Face Full Face

 SCBA Other, Type: _____

 Type Cartridge _____

 Last Trained on _____

 Fit Tested _____

Outer Garment _____

 Apron Coveralls Other: _____

Gloves, Type: _____

Footwear, Type: _____

Portable Lighting & Electrical Equipment _____

 Required to be NEC Class 1, Div 1 Yes ___ No ___

OTHER: _____

I VERIFY THAT ALL OF THE ABOVE PRE-ENTRY PREPARATIONS HAVE BEEN COMPLETED,
THE ENTRANT(S) AND ATTENDANT(S) HAVE BEEN BRIEFED AND PROPERLY EQUIPPED,
AND THAT THE SPECIFIED CONFINED SPACE IS SAFE TO ENTER.

ENTRY SUPERVISOR: _____ **PHONE:** _____

(Name)

ALTERNATE

ENTRY SUPERVISOR: _____ **PHONE:** _____

(Name)

Entry Supervisor's **SIGNATURE** _____ **DATE:** _____

ENTRANT(S):